

Service Limits

271 Unsolicited Response - EB Segment in the 2110C Loop For Subscriber Eligibility or Benefit Information

All service limits, family size, and Medicare Buy-in information are mapped on the unsolicited 271. An extract from the Enrollment sub-system generates the 834 along with the 271 unsolicited which provides information for each service limit as follows.

1. Type of service limit: Family or Individual
2. Description of the Service Limit
3. Amount or quantity used.

NOTE: EB05 is a 50 byte field. A description of the limit or usage is in this field.

EB07 is only used for spend down and Medicare buy-in premium amounts.

EB07 and EB08 fields are not used for service limits.

	EB01	EB02	EB03	EB04	EB05	EB06	EB09	EB10
1.	F (Limitations)	FAM	60	OT	Family Limit Current Year (\$2000 or \$4000 if poverty level is >= 200%)	23	99	Amount utilized
2.	F	FAM	60	OT	Family Limit Prior Year	23	99	Amount utilized
3.	F	IND	60	OT	Individual Limit Current Year (\$1000 or \$2000 if poverty level is >=200%)	23	99	Amount utilized
4.	F	IND	60	OT	Individual Limit Prior Year	23	99	Amount utilized
5.	F	IND	AI	OT	Substance Abuse 10 Day Limit Current Year	23	DY	# of days Utilized
6	F	IND	AI	OT	Substance Abuse 10 Day Limit Prior Year	23	DY	# of days Utilized
7	F	IND	AI	OT	Substance Abuse Of \$30,000 Lifetime Limit	32	LA	Amount utilized
8.	F	IND	88	OT	Pharmacy Payout Limit at \$150 Per Month	34	99	Amount utilized
9.	F	IND	44	OT	Home Health Limit of 125 visits for Current Year	23	VS	# of visits Utilized
10.	F	IND	44	OT	Home Health Limit of 125 visits for Prior Year	23	VS	# of visits Utilized
11.	F	IND	AF	OT	Speech Therapy Limit of 60 Days Current Year	23	DY	# of days Utilized
12.	F	IND	AF	OT	Speech Therapy Limit of 60 Days Prior Year	23	DY	# of days Utilized
13.	F	IND	AD	OT	Occupational Therapy Limit of 60 Days Current Year	23	DY	# of days Utilized
14.	F	IND	AD	OT	Occupational Therapy Limit of 60 Days Prior Year	23	DY	# of days Utilized
15	F	IND	AE	OT	Physical Therapy Limit of 60 Days Current Year	23	DY	# of days Utilized
16	F	IND	AE	OT	Physical Therapy Limit of 60 Days Prior Year	23	DY	# of days Utilized
17.	F	IND	A4	OT	Psychiatric Current Year	23	VS	0 – No current

					(Reserved for Potential Future Usage.)			limit exists.
18.	F	IND	A4	OT	Psychiatric Prior Year (Reserved for Potential Future Usage.)	23	VS	0 – No current limit exists
19.	F	IND	48	OT	Inpatient Limit Current Year (Reserved for Potential Future Usage.)	23	DY	0 – No current limit exists
20.	F	IND	48	OT	Inpatient Limit Prior Year (Reserved for Potential Future Usage.)	23	DY	0 – No current limit exists
21.	F	IND	A7	OT	Psychiatric Inpatient Limit Current Year (Reserved for Potential Future Usage.)	23	DY	0 – No current limit exists
22.	F	IND	A7	OT	Psychiatric Inpatient Limit Prior Year (Reserved for Potential Future Usage.)	23	DY	0 – No current limit exists
23.	CB	FAM	60	OT	Family Size		CA	Number of members
24.	D	IND	60	OT	Medicare Buy-in Premium			EB07 = Premium Amount
25.	Y	IND	30	OT	Spend Down Amount	36		EB07 = Spend Down Amount
26.	N	IND			Lock-in			

Additional information for Medicare Buy-in (value 24).

EB07 = Premium Amount.

REF01 = “9F”, REF02 = Premium Payer Code, REF03 = “Premium Payer Code”.

DTP01 = “348”, DTP02 = “D8”, DTP03 = Effective Date.

Additional information for Spend Down Amount (value 25).

EB07 = Spend Down Amount.

DTP01 = “198”, DTP02 = “D8”, DTP03 = Spend Down Completion Date.

All date ranges for the prior year are January 1 through December 31. For the current year, date ranges are January 1 through file effective date on the 834. For monthly totals the dates are from the beginning of the month to the end of the month or 834 file effective date. Eligible data from the 834 must be used to determine any recipient enrollment gaps.

DTP01 = “193” for period begin dates and “194” for period end dates.

DTP02 = “D8”.

DTP03 = all based upon 834 file effective date.